

**We would like to thank the Reviewers for their constructive and insightful comments. Attached please find our point-by-point responses to the reviewers' concerns, and a revised manuscript.**

**Name of journal: World Journal of Clinical Oncology**

**ESPS Manuscript NO: 18501**

Reviewer 1) This is a well-written manuscript. It defines a rare case of liposarcoma arising from phyllodes tumor of the breast.

**Thank you for your kind comments.**

Reviewer 2) This short paper represents a brief description of breast liposarcoma case. Breast liposarcoma is an extremely rare event in breast malignancy and therefore, every such case may be of some interest to clinicians. However, the case report is described rather poorly. With the exception of morphological staining the experimental part does not contain any immunohistochemical characteristics, which could be useful for better characterization and diagnosis of this type of liposarcoma. The part "Discussion" is very short and does not discuss particular features of this tumor, particularly in comparison to other publications. It remains unclear to readers what is the uniqueness and peculiarity of the case. Consequently, the scientific significance of this article – in my opinion - is questionable.

**We extended the discussion on treatment options and issues relevant to clinicians.**

The article does not contain the ethics-related aspects of the study

**We included the information about the informed consent of the patient.**

Reviewer 3) This is an interesting case report. Some suggestions and comments: 1) In the description of case report, it would be interesting to know the biopsy needle size (12 or 10 or 8 gauge) for core biopsy.

**It was a 14-gauge biopsy. We included this information in the revised manuscript.**

2) In the Discussion: It would be interesting to discuss the surgical procedure (mastectomy or conservative resection) and the omission of radiotherapy in relation with low grade sarcoma, large resection margins (how many millimeters?) and tumor size.

**This is a very good point. We included the information on the resections margins and the recommendations of our interdisciplinary tumor board into the “case report” section. We also extended the discussion and included a subchapter “Treatment of breast sarcoma”.**

Reviewer 4) A concise and professionally written case report supported with imaging studies. The relative novelty of the report is limited to the rarity of the diagnosis.

**Thank you for this comment.**

Reviewer 5) interesting case but what is the teaching/learning points?

**We included a thorough discussion on treatment modalities for breast sarcoma into the revised manuscript so that the paper can be helpful for clinicians.**